Care Needs and Social Inclusion of Maltreated Youths affected by Psychiatric Disorders: Clinical Impasse or collaborative deadlock?

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14 ième Conférence canadienne des soins de collaboration en santé mentale
27 et 28 juin, 2013, Montréal
Purpose (Learning Objectives)

- Present an innovative initiative between
  - Child protection agency
  - Child mental health care

- Benefit from sharing mutual expertise

- Overcome perceived clinical impasses
  - Liaison
  - Coordination
Content

- Who are these youngsters?
  - Prevalence
  - Threaten to social inclusion

- How should we work with them?
  - Specialized mental health caseloads in child welfare at CJQ-IU
  - Multidisciplinary team
  - Specific mental health housing resources

- Did we make a difference?
Centre Jeunesse de Québec – IU

- The Institution:
  - Child and youth protection center (s. 82, c.S-4.2, R.S.Q.)
  - Rehabilitation centers (s.84):
    - Young people with adjustment problems
    - Young mothers with adjustment problems

- The Mission
  - …offer…such psychosocial services…as are required by the situation of a young person pursuant to the youth protection Act and the Act respecting young offenders and services for child placement…
  - University institute

- The Clients
  - Any child whose security or development is or may be in danger (s. 2)
MH needs of maltreated children

- Higher prevalence of psychopathology
  - 50 à 80% (Garland et al, 2001; Kerker et al, 2006; McCrae, 2009; Pearce & Pezot-Pearce, 2007; Pauzé et al, 1996, 2004; Pilowski, 1995; Burns et al., 2004)

- Depressive and anxious symptoms
  - (De Bellis et al., 2001; Éthier, Lemelin & Lacharité, 2004)

- More subject to suicidal risk
  - 4 to 5 times higher (Farand, Chagnon & Renaud, 2004; Renaud, J. Chagnon, F. Balan, B. Turecki, G. McGirr, & Marquette, 2006)

- Attachment problems (8 à 20%)
  - (Zeanha et al., 2004; Zeanah, Smyke & Dumitrescu, 2002; Nadeau, Malingrey, Chantal & Bonneville, 2010; MSSS, 2007).

- Disruptive behaviors (Garland et al., 2001; Pauzé et al., 2004)
  - ADH/D (45 to 75%)
  - OD (11 to 65%)
  - CD (3 to 80%)
MH needs of maltreated children

The challenges

- Co-occurrence
  - Nadeau & Patry, 2008; Nadeau et al., 2010; MSSS, 2007; Gaumont, 2011; Sentse et al, 2009
  - McCrae, 2009; Milot, Éthier et al., 2010; Garnefski, Kraaij & van Etten, 2005;

- Evolution

- Challenges:
  - Lot of different and complex problems (MSSS, 2007; Nadeau & Patry, 2008; ACJQ, 2010)
  - Social inclusion of these young peoples threatened (Nadeau, Bergeron-Leclerc, et al., 2011; Clement, Chamberland et al., 2009; Cloutier, Nadeau et al, 2008; Kendall-Tackett et al, Hurley et al, 2009; Trowell et al, 2002; Liao et al, 2001)
In summary…
How should we work?

- Presence of many important risk factors among clients (Nadeau, 2009; Nadeau & Patry, 2008)
  - Various, complex and heavy problems or situations;
  - Adverse and difficult living conditions (personal, social and family);
  - Pathological impulsivity complicating clinical intake
- Stakeholders and clinical staff needing support
  - Feeling involved and acknowledging themselves a role
  - Highly motivated but powerless
Project development: Understanding...
Mental Health
Multidisciplinary team

1 Head of MH services

Specialized MH Housing resources
(3 resources)
21 places

Existing counseling team / suicide - MH
(9-12 years old)

Mental Health caseloads
234 children - 3 to 17 years old
(22 social workers
16 middle managers)

Existing counseling team suicide - SM
(13-17 years old – juvenile units)

Nadeau, Malingrey, Bonneville et coll., 2010
Some of the tools developed

- Implementation tools
  - Implementation action plan
  - Services trajectory
  - Computarized monitoring instrument
    - Of professional services provided through the program

- Some clinical tools created
  - Screening form for access to MH caseloads
  - Monitoring caseload form (assessing « heavyness »)
  - Inventory form of clinical evaluations (phys. and psyche)
  - Treatment plan «drafting » tools
  - Listing form of placements in foster families and housing resources
  - Identification user form (For use when a child enter in housing resources)
  - Table of « Programming schedule » in specialized housing resources
  - Schedule of clinical discussion plan
Social Inclusion and quality of life: Core values of the program...

- Theoretical framework: Social Role Valorization

- Quality of life: « Having good things in life »
  - Several dimensions (Wolfensberger, Thomas & Caruso, 1996; Lemay 1996)
  - Quality of life for Children?
      - Global health, physical activities, mood, family life, social life (friends), school;
PROGRAM EVALUATION DESIGN AND COLLABORATIVE APPROACH

Assessing Needs
- Identify problems
- Define target users
- Develop a theory about the « problem »

Assessing implementation
- Describe what was implemented (features)
- How much
- How

Assessing impact
- Program targets were achieved?
- Effects (anticipated and non anticipated)

PHASE 3
- How much
- How
- Proximal changes

Adaptation du modèle de Paquet et Chagnon (2000). Cadre de référence pour le développement et l'évaluation des programmes au Centre jeunesse de Montréal
Program monitoring

- **Stage 1:**
  - Accompany and record the progress of the program
  - Stakeholders expectations’ (Study 1)
  - Profiles of youths referred (Study 2) *(Nadeau et al., 2010)*
  - Requests to and services provided by MH team (Study 3) *(Nadeau et al., 2010)*

- **Stage 2**
  - Continus feedback - results of stage 1
  - Depicted Logic model
  - Propositions of indicators for next studies

- **Stage 3**
  - Implementation indicators (Study 4)
  - Quality of life (child and clinicians perceptions) (Study 5)
  - Program Relevance (Study 6)
Youths referred

- 291 youths referred first year (2008) and 413 over 3 years
- June 30, 2009: **234** (in active intake after one year)
  - Boys = 67.5% ($m=12.85$) / Girls = 32.5% ($m = 13.93$)
- June 20, 2011: **269** (in active intake after 3 years)
  - Boys = 68% ($m=13.43$) / Girls = 32% ($m = 13.53$)
- 144 files closed and 127 new youths referred between T1 and T2

Children referred according to age groups over 3 years

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency T1 N=234</th>
<th>% T1 N=234</th>
<th>Frequency T2 N=269</th>
<th>% T2 N=269</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>3</td>
<td>1.3%</td>
<td>5</td>
<td>1.9%</td>
</tr>
<tr>
<td>6-11</td>
<td>59</td>
<td>25.2%</td>
<td>63</td>
<td>23.4%</td>
</tr>
<tr>
<td>12-18</td>
<td>172</td>
<td>73.5%</td>
<td>201</td>
<td>74.72%</td>
</tr>
<tr>
<td>Total</td>
<td>N=234</td>
<td>100%</td>
<td>N=269</td>
<td>100%</td>
</tr>
</tbody>
</table>
Stakeholders’ expectations and perceptions
Methodology – Qualitative interviews

- Litterature reviews (Mental health, SRV, evaluation objectives etc.)
- Interview schedule « focus groups »
  - Referred youths,
    - Ex: « 1) Que veux dire pour vous c’est un « cas de santé mentale » lorsqu’il est question d’un jeune en besoin de protection et quelle est votre perception des besoins de ces jeunes?
  - Content of the program (target users, access, tools etc..)
  - SRV
  - Relevance of the program etc.
- Focus groups meetings or individual interviews
- Transcript of interviews
- Analysis ("Framework Approach) Data classification
MH Youth perceived by field staff

Target population (admission criteria to the program)
- Diagnoses (n = 9 Groups / ref = 24 segments)
- Adjustment difficulties ++ + (n = 8 G/ ref = 14)
- Other perceptions (n = 5 G/ ref = 28)

Target population characteristics
- Stability (issues, needs, vulnerability) (n = 4 G/ ref = 14)
  « Ils réagissent à l’instabilité de l’environnement ou du milieu » « Ils sont pas du monde si on est pas là » « Ils réagissent plus fortement que les autres »
- Socialization (n = 8 G/ ref = 16) "They socialized as children of 2-3 years"
- Experienced heavy, numerous, complex problems (n = 7G / ref = 32)
- Special needs (to recognize them, see behind n = 7G / ref = 23)
  « Quand t’a passé ta vie à demander la permission d’aller aux toilettes, tu peux avoir aussi développé certains problèmes d’autonomie quand t’arrive en famille d’accueil ».
- Abandonment, parental disinvestment (n = 7G / ref = 22)

Nadeau, Malingrey, Bonneville et coll., 2010
Institutional and community partners

- **The medical** (n = 9 / Réf = 45)
  - Broad understanding of the term
  - Vulgarize, be more accessible, collaborate, share information and understanding, services access, participation in Treatment Plans

- **Schools and academic** (n = 7 / réf 28)
  - Where do they « stand »?
  - Seen as a major partner too often forgotten
  - Team work = prevent crisis

- **Other community partners**

- **Sharing personal information:** A major issue
« Monitoring » Intervention requests

- Content analysis « Diary of requests »
  - MH multidisciplinary support team
  - Identify needs express by the stakeholder through his request
- Professional services provided by the team
- Recurring themes and emerging categories (open model)
  - « Floating reading » (researcher / assistant)
  - Preliminary and final categories (researcher)
  - Codification (assistant)
- N’Vivo 8
« Monitoring » Requests and services

1. Liaison » purposes in Child MH
   1.1. With external partners
      1.1.1. Sharing requests, clinical informations
      1.1.2. Eligibility or access to specialized services
      1.1.3. Access of CJQ-IU services (from external partners)
   1.2. With internal partners (Staff from CJQ-IU)
      1.2.1. Services of external partners or provided by internal MH teams

2. Services coordination (non specific to MH care)
   2.1. Extra-agency services for children and family (social, educational, community)
   2.2. Intra-agency Specialized services in child protection

3. Clinical Support (CS) in child mental health
   3.1. CS for intake in child welfare
      3.1.1. Medication (nursing)
      3.1.2. For the staff of CJQ-IU (How should we act?)
      3.1.3. For parents or foster care parents
      3.1.4. CS in presence of suicidal behaviors (or ideations)
      3.1.5. CS for some children outside the MH program

4. Follow-up
<table>
<thead>
<tr>
<th>Catég</th>
<th>Description</th>
<th>Requests</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Liaison: Sharing of informations</td>
<td>10</td>
<td>35</td>
</tr>
<tr>
<td>2</td>
<td>Liaison: Eligibility, access MH care</td>
<td>31</td>
<td>19</td>
</tr>
<tr>
<td>3</td>
<td>Liaison: Access internal MH teams</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Liaison: Access CJQ services</td>
<td>19</td>
<td>102</td>
</tr>
<tr>
<td>5</td>
<td>Coordination: Extra-agency serv.</td>
<td>44</td>
<td>50</td>
</tr>
<tr>
<td>6</td>
<td>Coordination: Intra-agency serv.</td>
<td>40</td>
<td>66</td>
</tr>
<tr>
<td>7</td>
<td>CS: For intake in Child Protection</td>
<td>42</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>CS: Rx (nursing)</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>CS: For the staff of CJQ-IU</td>
<td>18</td>
<td>49</td>
</tr>
<tr>
<td>10</td>
<td>CS: For the parents or foster care P</td>
<td>31</td>
<td>41</td>
</tr>
<tr>
<td>11</td>
<td>CS: Suicidal crisis</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>12</td>
<td>CS: Youths outside the program</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>13</td>
<td>No specific request</td>
<td>17</td>
<td>-</td>
</tr>
<tr>
<td>14</td>
<td>Follow-up information</td>
<td>-</td>
<td>45</td>
</tr>
</tbody>
</table>
Program = Tailored services?

- Pedopsychiatric intake T1 = 83% ; T2 = 73.2%
  - General Medical Intake T1 = 67% ; T2 = 48.3%
  - Psychological intake T1 = 73.1% ; T2 = 62%
  - Reference to existing psychiatric consulting teams
    - T1 = 13.4% ; T2 = 18.2%
- Neurology intake; T1=11.1% ; T2= 10%
- Ergotherapy; T1=7.3% ; T2=16.1%
- Language therapy: T1=10.3% ; T2= 20%
- Respite for parents or foster care parents
  - T1 = 43% ; T2 = 64.7%
  - Youth in specialized MH housing units (T1=18% ; T2=13%)
## Users’ services experience

### Legal grounds for seeking Child protection services

<table>
<thead>
<tr>
<th>Grounds</th>
<th>N=234 Actif cases T1</th>
<th>N=269 Actif cases T2</th>
<th>n=142 Actif cases T1+T2</th>
<th>n=127 New cases T2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment</td>
<td>37%</td>
<td>29%</td>
<td>49%</td>
<td>8%</td>
</tr>
<tr>
<td>Neglect</td>
<td>54%</td>
<td>54%</td>
<td>51%</td>
<td>58%</td>
</tr>
<tr>
<td>Psychological violence</td>
<td>19%</td>
<td>25%</td>
<td>18%</td>
<td>32%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>6%</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>12%</td>
<td>15%</td>
<td>13%</td>
<td>17%</td>
</tr>
<tr>
<td>Serious Behavior Problems</td>
<td>51%</td>
<td>47%</td>
<td>50%</td>
<td>45%</td>
</tr>
</tbody>
</table>

### Where do they live?

<table>
<thead>
<tr>
<th>Location</th>
<th>N=234 Actif cases T1</th>
<th>N=269 Actif cases T2</th>
<th>n=142 Actif cases T1+T2</th>
<th>n=127 New cases T2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s)</td>
<td>19,7%</td>
<td>31%</td>
<td>14%</td>
<td>47%</td>
</tr>
<tr>
<td>Other relatives</td>
<td>5%</td>
<td>5%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Foster family</td>
<td>33,8%</td>
<td>30%</td>
<td>38%</td>
<td>22%</td>
</tr>
<tr>
<td>Community homes</td>
<td>15,4%</td>
<td>13%</td>
<td>16%</td>
<td>9%</td>
</tr>
<tr>
<td>Rehabilitation centers</td>
<td>23,9%</td>
<td>18%</td>
<td>21%</td>
<td>15%</td>
</tr>
</tbody>
</table>
Some criteria reference...
« Moderate to severe » mental health dx?

<table>
<thead>
<tr>
<th>Variable</th>
<th>N=234 (actif cases T1)</th>
<th>N=269 (actif cases T2)</th>
<th>n=142 (old cases T1+T2)</th>
<th>n=127 (new cases T2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nb Dx</td>
<td>M = 2.4 ; sd = 1.2</td>
<td>M = 2.3 ; sd = 1.4</td>
<td>M = 2.6 ; sd = 1.4**</td>
<td>M = 2.0 ; sd = 1.4**</td>
</tr>
<tr>
<td>ADHD</td>
<td>75%</td>
<td>79.9%</td>
<td>83.1%</td>
<td>76.9%</td>
</tr>
<tr>
<td>OD</td>
<td>53%</td>
<td>47.2%</td>
<td>52.8%</td>
<td>41.5%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>13.2%</td>
<td>16%</td>
<td>16.9%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Adaptation tr</td>
<td>9.4%</td>
<td>6.7%</td>
<td>7.7%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Attachment tr</td>
<td>21.4%</td>
<td>22.7%</td>
<td>33.1%</td>
<td>10.8%</td>
</tr>
<tr>
<td>CD</td>
<td>10.3%</td>
<td>4.8%</td>
<td>6.3%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Tourette synd</td>
<td>5.1%</td>
<td>4.8%</td>
<td>6.3%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Depression</td>
<td>4.7%</td>
<td>3%</td>
<td>2.8%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Age</td>
<td>M=13,20; sd=3.03</td>
<td>M=13,46; sd=3.05</td>
<td>M=13,99; sd=2.7</td>
<td>M=12,99; sd=3.38</td>
</tr>
</tbody>
</table>

**Nb of Dx (t (2-tailed)=3.38, 264 df, p = .001)
Nb of Rx (M=1.8, SD=1.2, t (2-tailed)=3.37, 267 df, p = .001)**
Challenges to social inclusion

<table>
<thead>
<tr>
<th>Nb of placement &gt; 30days</th>
<th>T2 / N=269</th>
<th>T2+T1 / n=142</th>
<th>T2 new c. / n=130</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4</td>
<td>n=113(42%)</td>
<td>n=34(24%)</td>
<td>n=77(59%)</td>
</tr>
<tr>
<td>5 to 10</td>
<td>n=112(42%)</td>
<td>n= 75 (53%)</td>
<td>n=41(31%)</td>
</tr>
<tr>
<td>11 to 32</td>
<td>n=44(16%)</td>
<td>n=33(23%)</td>
<td>n=12(9%)</td>
</tr>
<tr>
<td>Total</td>
<td>M=6,5, sd=2,9</td>
<td>M=8,07, sd=5,4**</td>
<td>M=4,7, sd=3,9**</td>
</tr>
</tbody>
</table>

** t (2-tailed)=6,02, 255 df, p=.000

- **Nb of social problems** between old and new cases; T2+T1 (M=6,1, SD=3,04) ; T2 new cases: (M=5,1, SD=2,5); ** t(2-tailed) = 3,1, 265 df, p=.003 )
- **Nb of social problems** for youths in specialized MH units : (M=7,2, sd=7)
## MH troubles... and or maladjustment problems?

<table>
<thead>
<tr>
<th>Variable</th>
<th>N=234 /T1</th>
<th>N=269/T2</th>
<th>n=142 /T1+T2</th>
<th>n=127 /T 2 new</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior problems</td>
<td>89%</td>
<td>66,2%</td>
<td>69%</td>
<td>63%</td>
</tr>
<tr>
<td>Neglect</td>
<td>76%</td>
<td>28%</td>
<td>35%</td>
<td>20%</td>
</tr>
<tr>
<td>Violent / impulsive beh.</td>
<td>67%/ 75%</td>
<td>45%/55%</td>
<td>45%/54%</td>
<td>44% / 56%</td>
</tr>
<tr>
<td>Abandon or emot. rejection</td>
<td>58%</td>
<td>23%</td>
<td>31%</td>
<td>13%</td>
</tr>
<tr>
<td>Adjustment problems at school</td>
<td>86%</td>
<td>63%</td>
<td>65%</td>
<td>60%</td>
</tr>
<tr>
<td>Social maladjustments</td>
<td>58%</td>
<td>41%</td>
<td>45 %</td>
<td>36,2%</td>
</tr>
<tr>
<td>Developmental delay</td>
<td>29%</td>
<td>11%</td>
<td>16%</td>
<td>5%</td>
</tr>
<tr>
<td>Suicidal thoughts or beh.</td>
<td>35%</td>
<td>12%</td>
<td>9%</td>
<td>15%</td>
</tr>
<tr>
<td>Addictive behaviors</td>
<td>14%</td>
<td>18%</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td>Sleeping problems</td>
<td>27%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Enuresis, encopresis</td>
<td>8%</td>
<td>3%</td>
<td>6%(n=8)</td>
<td>0,8% (n=1)</td>
</tr>
</tbody>
</table>
Program's compliance with SRV

Stakeholders: QCEV

- « Qualité et Conditions des Expériences de Vie »
  (Lemay, Lalonde, Robinson & Fournier, 2010)
  - What is it? “Quality and Condition of Life Experiences”
    - Indicator for the clients’ quality of life, as perceived by stakeholders

- Scales of QCEV (16 items from M1 to M16)
  - Basic care (Food, clothing, health and instrumental support)
  - Security/Safety (in personal relationships, environment, personal finances)
  - Living environment (having a ”Home”; continuity; stability)
  - Social support and network (Family, “non-paid” friends or acquaintances etc.)
  - Occupational activities (educational / vocational, recreational, associatives etc.)

- Global score on 5 scales
### QCEV (first measure at T2)

<table>
<thead>
<tr>
<th>Q-CEV Scales (2010)</th>
<th>N=100</th>
<th>n=35 (clients T1 and T2)</th>
<th>n=40 (new clients t2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic care</td>
<td>M= 91%; sd=12,6</td>
<td>M=92 %; sd=9,2</td>
<td>M=89 %; sd=14,6</td>
</tr>
<tr>
<td>Security/safety</td>
<td>M= 72%; sd=19,9</td>
<td>M=69 %; sd=17,6</td>
<td>M= 74%; sd=19,8</td>
</tr>
<tr>
<td>Living environment</td>
<td>M= 64%; sd=24,7</td>
<td>M=62 %; sd=21,8</td>
<td>M=66 %; sd=26,8</td>
</tr>
<tr>
<td>Social support and network</td>
<td>M= 56%; sd=21</td>
<td>M= 52,06%; sd=20</td>
<td>M=57 %; sd=22</td>
</tr>
<tr>
<td>Occupational activity</td>
<td>M= 47%; sd=27,9</td>
<td>M= 42%; sd=28,7</td>
<td>M=49 %; sd=25,6</td>
</tr>
<tr>
<td>Total Valued SR (all QCEV scales)</td>
<td>M= 65%; sd=15,2</td>
<td>M= 63%; sd=13,5</td>
<td>M= 67%; sd=17,02</td>
</tr>
</tbody>
</table>

**Kid Screen27:** Youths perceptions of life quality quite below suggested standards for young peoples coming from low SES environments.

*Social support and Family life.*
Scope of Social intervention

Valued Social Roles
Youth QoL
By Social Workers (QCEV)

Activity
Relational support
Living Environment
Basic Care
Security

Youth QoL perceptions’ (K27)

Number of different placements

Number of Social problems to address

MH dx
MH Rx

*p< .05 (2-tailed)

**p<.01 (2-tailed)
Scope of Social intervention

Valued Social Roles
Youth QoL
By Social Workers (QCEV)

MH Rx
MH dx

Number of Social problems to address

Number of different placements

Activity
Relational support
Living Environment
Basic Care
Security

Youth QoL perceptions’ (K27)

*p < .05 (2-tailed)

**p < .01 (2-tailed)
Concluding comments

- Amelioration of the youths’ situation?
  - Less referred to psychiatric, psychologic or medical intake
  - Different kind of services including respite
- What about social inclusion?
- About the clients’ life quality?
- Perceptions’ of CJQ-IU Staff
  - Relevance of the program
  - Nature of change in the clinical practice
  - Amelioration of the youths’ situation